Mrs Fogg -

Notes taken upon Lectures
delivered by
Prof. T. Pearose
on the Diseases of Women
and Children.

by H. M. Hoyt.

9. 11 and 3½ inches are the three di=
mensions of the superior pelvis. The
two openings of the "True Pelvis are called
"Straits" because at these points the Pelvis
is contracted in size. The "inclined
planes" of the Pelvis start at the spines
of the Ischii. The diameters of the
plane of the superior strait are three.
The antero posterior diameter is 4 in.
the transverse diameter is 5½, the
oblique diameter is 5. In a well
formed woman when standing
erect the oblique plane of the supe,
ior strait forms an angle of 50° or 60°
with a horizontal plane. The axis
of the superior strait is a line drawn
perpendicularly through the middle
of the plane, and if so drawn would
strike about the end of the Coccyx and
the Umbilicus. The circumference of the
True Pelvis is 13 inches.

The measurements of the "False Pelvis" are as follows - The longest diameter of this pelvis is 11 inches - The diameter of the false pelvis from the promontory to the pubes is 9 inches - the depth of the false pelvis is about 3½ inches - When the woman lies in bed and is bent (as she is in labor) the axis of the superior strait is in position parallel with the spinal column - The antero posterior diameter of the inferior strait is normally 4 inches, but towards the end of the labor when the childs head moves the coccyx and makes it 4½ - The transverse diameter of the inferior strait is 4 inches and the oblique diameter is 4 inches - The axis of the plane of the Inferior strait when the woman is in labor is a line drawn from the connection of the first and second bone of the

Sacrum through the middle of the plane. The anterior depth of the pelvis is 1 1/2 inch. The (~~posterior~~ lateral) depth of the pelvis, from the linea illio pectinea to the tuberosity, is 3 1/2 inches. The posterior depth of the pelvis from the promontory of the sacrum to the point of the coccyx is 4 inches. From bottom of the sub pubic ligament to the promontory of the sacrum 4 1/2 inches. The arch of the pubis is 2 1/2 inches deep. The oblique diameter of the cavity pelvis, from the posterior part of the tuberosity of the ischii to the illo pectinea line other side 6 inches. The axis of the cavity of the pelvis is parallel with the two first bones of the sacrum after them it follows nearly the curve of the coccyx.

The distended uterus lying in the usual course and causes congestion of

the Kidneys. causing uremic poison-
ing. or retention of the urine. The
uterus pressing upon the ureters some-
times causes oedema of the lower ex-
tremity.
The nymphae is enlarged in cer-
tain persons. this may happen
from accident or may be nat-
ural. The persons of certain tribes
are said to have very large nym-
phae. The Turkish women come
under this category. The use
of these organs is to add to the sex
ual sensibility. The object in
having extremely sensitive organs
in connection with the vulva
is that in sexual intercourse these
parts may become tinged. The
orifice of the urethra is imme-
diately beneath the arch of the
Pubis. bound directly to it by con-
nective tissue. The length of the

female urethra is an inch or an inch and ½ in length. The mucous membrane of urethra is longitudinal. The usual length of the vagina is from 4 to 5 inches in length. The circumference of it is 3 inches. The negroes is said to have a larger vagina than others. Cazeau relates an instance of a woman under his charge who about the time of labor had severe pain which she would relieve by scratching the vulva and pulling the right nymphae. This nymphae in the course of two weeks became nearly twice as large as the other one

The bulbo vaginal glands are small organs (about as large as the Lachrymal) which open on either side of the labia mayora. They are the analogues of Cowper's Glands in the male. It is believed by some that in the venereal act

these Glands throw out these se-
cretions in jets. When there is
not a great degree of pleasure ex-
perienced by the woman in the
sexual act impregnation is not
so likely to take place. It
is very apt to occur in the Bulbi
vestibuli. The most contracted
part of the vagina is at the lower
part. The external coat of the
vagina is cellular. inside of this
is the muscular coat. The coat is
also very strong and assists in
labor. Within this coat is the mu-
cous coat of the vagina. This mu-
cous coat is arranged in folds &
lains. This arrangement is most
evident in the adult virgin, but at
a more advanced age it becomes
smooth. The walls of the vagina
secrete a milky fluid which is

acid in its section. it is supposed that this liquid prevents the coagulation and decomposition of the menstrual fluid. The weight of the uterus in the adult virgin is 1/2 oz. It is 3 inches long. 2½ inches broad at its largest part. and 1 inch thick. The uterus is firmly attached to the Bladder so when one is diseased the other almost always sympathizes. The posterior part of the uterus may be examined very well by introducing the finger into the rectum but in doing this the uterus will seem larger than it really is, so we must allow for this.

The blood vessels of the uterus become enormously distended in utero gestation. If the embryonic fibres have any irritant applied they enlarge great

ly. This may come from pregnatio or from cancer. or induced from inflammation. The unimpregnated virgin uterus has no orifice but the walls are in direct apposition. That is when cut in an antero posterior direction. opening it in the other way there is a three cornered cavity. and has 3 orifice the first the os uteri. and the 2 others the Fallopian tubes. The internal os uteri is more contracted than the external os uteri. The Glandulæ Nabothi secrete a fluid which in the time of Pregnancy blocks up the "os" and makes the uterus a closed sacc. This secretion also at the time of labor helps in the decent of the child's head. The "os" of a woman who has had children is much larger than.

that of the virgin. The vagina of the virgin joins the uterus a little above the middle of the neck, and a little higher in the posterior than in the anterior part. The Cervix uteri or rather the intra vaginal cervix gets smaller as very labor. The cavity of the uterus in a woman who has had children is oval, and not angular as in the virgin uterus. The uterus is supplied with nerves from the sacral and the sympathetic ganglia.

The Fallopian tubes. 4 or 5 inches in length. The Fimbreated extremity of these tubes is the one that joins on to the ovary. and it acts as fingers. As the Graffian vesicle is about to burst these Fimbreated extremities erect and grasps the (the) very vesicle that is soon to burst.

and thus conveys the ovule to the uterus. The diameter of the Fallopian tubes is as follows 1/16 of an inch at the lower extremities and 5/16 of an inch at the fimbriated extremities. The yolk of a human egg is yellow and granular and of considerable consistancy. In the female <u>before</u> <u>puberty</u> the germinal vesicle is found floating in the yolk, but after this time it is found attached to the vitelline membrane.

When conception occurs in the ovary it will take two weeks for the product of conception to travel into the uterus. The first change in the egg after conception is the disappearance of the germinal vesicle and the

germinal spot - next the vitellus becomes smaller. next it divides into two next into four, and so on. When it enters the uterine extremity of the Fallopian tubes it has divided into a great number called the Mulberry body. next these little spots among themselves. Around the egg when it leaves the ovum has the Prolegerous granules. but when it gets half way down the fallopian tube the egg has eaten all this up. It is then bathed with abbumen from the walls of the Fallopian tubes. The egg when first in the uterus is of three layers, the serous the mucous & the vascular. The serous membrane of the Blast dorm doubles over the "Primitive trace" and forms the spinal cord. and brain. The first vessels are seen in the membrana vascalosa. a little spot of this membrane collects where the heart is to be. the walls of the

vessels are absorbed and this forms the primitive heart. The "Cephalic" and "Caudal hoods" are formed by droppings of the serous membrane of the "Blastoderm"

The "Liquor Amnii" is a fluid in which the foetus floats. The umbilical vesicle has an artery & vein called the omphalo artery & vein. There is usually at gestation about a quart of "Liquor Amnii" it is not always at this time the pure liquid which it was at first being contaminated by the urine of the Foetus. The Chorion is a serous membrane with numerous villi projecting from it. These villi are at first empty. The Membrana

Decidua" is thrown off at the full period of utero gestation. but in the case of abortion this membrane is found enveloping the chorion. The "membrana decidua reflexa" is made by a sort of fungous growth of the mucous membrane of the uterus around the spot where the ovum is deposited. Twins have a double Placenta. At the full period of utero Gestation the placenta is ten 8 inches in diameter and about 24 inches in ~~circ~~ circumference and 2 inches in width.

The Placenta performs the same office for the embryo as the gills do for the fish. At the close of Foetal life the Placenta shows evidence of decay, carbonate of lime is sometimes deposited on it, and often fatty degeneration takes place at the edge of this organ

There are no blood vessels of the woman actually entering the embryo. The umbilical cord is usually some 18 or 19 inches long, but it may be much shorter or longer. If too long it some times amputates limbs or the head from the Fœtus. The cord at the time of birth is about the size of the finger. The "Gelatine of Wharton" as it is called gives the size to the Cord. The cord & Placenta have no nerves, but there may be nervous systems in them and in this way it may be that the mother may influence the child. At about the end of the 5th week the extremities may be seen beginning as pimples. The heart also is formed at this time. The bodyfrom

body is formed of lenticular tubes & performs the function of the urinary apparatus for the Embryo. This becomes the body of Rosenmüller in the adult. At two months the Embryo is about 1½ or 2 inches long. The arms and hands are formed but no fingers are present. At 3 months the fingers are formed. At ~~6~~ 3 months the umbilical cord is completely formed. At 7 months the child is viable. The lungs of the child at birth are solid and sink in water. At about the 6th month of Embryonic life the liver secretes bile. and according to some this bile purifies the blood.

A Child is an Embryo up till the 4th month. after that it is called a Foetus. The blood passes down in the aorta and divides into the iliac's

Early in intra-uterine life the Embryo can move in any way in the uterus but afterwards the uterus becomes egg shape and the foetus takes the easiest position by reflex action and that is head towards the OS. The By accromial diameter is from 4 to 3 inches. The dorso thoracic 3 to 2 inches. At least 3 inches. Diameters of the foetal head. Cranial shape. Race, Sex, Education, and Civilization affect the measurements of the head.

The menstrual month is four weeks. If menstruation occurs in in a young child or rather a flow. examine her external organs and if she presents any peculiarity of a perfect woman

she is then menstruating if not it is a mere hemorrhage. In the first part of menstruation the blood is mixed with mucus - in the middle it is pure - at the latter part it is mucoid again - Women menstruate about six or seven days. Many some menstruate only two or three days. Dr. Pinnock holds that menstruation is caused by the rupture of a Graffian follicle - Menstruation usually ceases at about 45 - This is called the "critical period" but hardly deserves the name, they are however more liable to congestions

The egg may be fecundated nine days after menstruation. At 3rd month the uterus is 2 3/4 in all its diameters - at the 4th it is 3 3/4 - at the 6th it is 5 inches long - 6 3/4 . 6 3/4.

at the ninth month it is from 12 to 14 inches in length, from 9 to 10 in breadth, from 9 to 9½ in thickness. The walls of the uterus at impregnation are soft and flexible allowing the easy movement of the child. The Cervix of the Impregnated uterus is not shorter than it was when unimpregnated. The uterus is not a particularly sensitive organ when unimpregnated but when it is pregnated it is very sensitive. The Bladder and the rectum are the organs first affected by pregnancy. Constipation is almost a necessary condition of Pregnancy.

The absence of the menses is as

a general rule a sure sign of pregnancy. Some women men-struate all through impregnation others at a certain part of this state. Some women menstruate only when they are pregnant. Some become pregnant who have never menstruated. When pregnancy begins, the Mammary Glands enlarge and are generally painful. At four or five months it becomes soft and ceases to be painful - but the pain becomes troublesome towards the end of gestation. Usually at the second month the nipple becomes sore. The nipple of a virgin is small, conical, pinkish, and perfectly smooth. In pregnant women the nipple is larger and more sensitive, the color changes both that of the nipple itself and the areola surrounding

it. It becomes darker - not much darker in the blond, but of a rosy color. The areola begins to protrude and minute projections are seen on it, these are glands. Light silver lines are seen over the gland. The popular mind supposes that the presence of milk is a sure sign of pregnancy, but it is not sure but only corroborates other symptoms. Milk does not often appear till near the time of delivery, and sometimes not until after delivery. Enlargement of the abdomen. The umbilicus is pouting during the 3 last months of pregnancy. When the areola exist pregnancy is certain, or nearly so. It also serves to render our belief in regard to this state, more certain if a

brown or yellowish line is found from the umbilicus to the Ensiform cartilage. Nausea and vomiting are a very frequent sign of Pregnancy. This is however not due to inflammation of the stomach and is merely a nervous affection, and must be treated as a nervous disorder. If we take the urine of a pregnant woman of 2 or 3 months and place it in a cool place, out of the dust, a "Pellicle" will be formed in a period varying from 2 to 8 days. Women having mammary abscess and indeed having certain other diseases pass urine presenting this pellicle. So it is not regarded as a very valuable sign. The purplish color of the vagina is a strong sign of pregnancy. This color is found but

marked just posterior to the symphysis. There is often an increase in fibrin towards the latter part of gestation, and a decrease in the number of blood corpuscles. "Uterine sound" or "murmur" is to be heard after the uterus, from its size, is forced out of the pelvis; it is due to the circulation in the uterine vessels. The sound of the Foetal heart is not heard until the 5th month. It usually beats some 130 to 140 times in a minute. When this is heard Pregnancy is absolutely certain.

An abortion is most dangerous at the 3rd and 4th month. In spontaneous abortion the period is heralded by a state of sedatism

in the woman for three or four days previous. When the child dies in the uterus the rational signs of pregnancy disappear, sometimes very suddenly. The product of conception after it dies may be retained in the uterus for some 5 months. The symptoms of abortion are - A "come and go pain", hemorrhage, sometimes very profuse. If the hemorrhage be profuse, as the os-uteri be opened, the uterus is so prepared for contraction that we cannot stop the abortion. How shall we stop an early abortion? Rest, removal from excitement an injection of from gtt LX to C. of Laudanum. If we want to help the woman to bring about abortion - we would give ℞ of the wine of Ergot every 2 or 3 hours. We may want to use a Tampon, this may be lifts into the

vagina for 24 hours, but it is not often advisable to leave it in as long as this.

Extra uterine pregnancy. Pregnancy occuring out of the uterus. It is sometimes developed in the Graffian vesicle, sometimes about the fimbriæ. sometimes in the interior of the Fallopian tubes. This is most apt to occur in unmarried than in married women. Tubal Pregnancy is the most common and the most fatal.

Super Fœtation. Twins are the most common sample of this affection.

Irritation of the rectum and bladder are constant attendants of pregnancy. Œdema of the lower extremities and sometimes of the

external genitals is found in pregnant women, this is due to the uterus pressing on the lymphatics. All we can do for this is to pay great attention to the bowels and prescribe rest. Albuminuria is found in about one out of every five pregnant women - under these circumstances dropsy of the nymphae is apt to occur. So much albumen is thus taken from the system that patients suffering from this disease become very anemic. How shall we treat this. Keep all the emunctories open, warm baths, mild laxatives - and the use of Iron and Quinea. This must be treated early in Pregnancy for if postponed our patient is likely to have Puerperal fever. Morning Sickness. nausea and vomiting usually in the morning, usually there is no pain in the

Epigastrium and the tongue is not furred. It is a mere nervous sickness. When it is not excessive we should not meddle with it. One of the best remedies is a Seidlitz Powder every morning. Sometimes it is very prostrating. Counter Irritation over the abdomen is very useful. Heart burn is often formed present in pregnant women. The Sulphate of magnesia is here often useful. Allowing them to chew a few almond nuts often prove beneficial. Constipation is a dangerous attendant of pregnancy. Castor Oil is a very useful article in order to remedy this. During the last month it is well for the woman to take Bi on going to Bed, that is if suffering from Constipation.

Diarrhoea is sometimes profuse when this is the case it must be checked. The mammary glands nearly always become irritated in pregnancy. This can be relieved by putting Ext of Belladonna on lint and placing it on the irritated gland. Severe headaches often demand our relief. We must, for them, sometimes use alkalies or acids. in extreme cases we sometimes have to bleed.

There are two kinds of uterine contractions. The elastic contraction, and the alternate or spasmodic contractions. A little previous to Labor the uterus subsides and this is one of the signs of an approaching Labor. Another sign is an increased secretion into the vaginal canal. The first stage of Labor is the dilitation of the

or uterine. The second is the expulsion of the child, the third and last is the expulsion of the "after birth." Irritation of the rectum and bladder are symptoms present at the first stage of Labor. Nausea and vomiting are also present. Nervous irritation - chattering of teeth and sometimes actual chills occur early in the first stage of Labor. Depression is a characteristic symptom of the first stage of Labor. In Labor the uterus is about 2 or 3 inches inside of the vulva.

The first object in a vaginal examination is to obtain a certain knowledge if she is pregnant or not. The next

is to ascertain whether or not the woman is in labor or not. next is she in labor at "full term." next to ascertain the frequency and length of the "pains." The use of the "bag of waters" is to prevent pressure on the childs head - and this bag goes ahead of the child as a battering ram the way - it is also useful to keep the uterus distended. Care must be taken not to rupture this bag in the early stage of Labor.

Diameters of the foetal head. The cervico bregmatic circumference. $3\frac{1}{2}$ in. - $3\frac{1}{2}$ in. The occipito frontal circumference. 4 in. - $3\frac{1}{2}$ in. The sagitto mental circumference - $4\frac{1}{2}$ in $3\frac{1}{2}$ in. The Facial Circumference - 3 in - $2\frac{1}{2}$. The Trachelo bregmatic circumference. $3\frac{1}{2}$ in. $3\frac{1}{2}$ in. The occipito mental circumference 5 in

3½. The Cervico Frontal Hair. Vertex Presentation. Occipito Anterior Position, and Occipito Posterior Position are the two divisions of this presentation.

The Tampon should never be used in the third stage of Labor. It may be used in the hemorrhage of Placenta Previa. Hemorrhagic Abortion &c. Why do we use a binder after Labor? By compressing the Abdominal viscera we press upon the Blood vessels running along the spinal column and thus we keep the blood in the Medulla Oblongata & Brain. Next it helps the Uterus to contract. And lastly it helps the muscles of the abdomen

to assume their proper position, which will insure the good form of the woman. The binder should be unbleached muslin 1 1/4 yd long and wide enough to reach from the Trocanter to the false ribs. A compress must be placed under the binder over the abdomen. After hemorrhage the Binder may be put on as tightly as possible. After delivery, we notice in the woman a slow pulse, and much perspiration. There is also high mental exaltation. we must therefore keep the patient very quiet, and in a darkened room. The woman is almost always constipated. Immediately after labor the uterus will weigh 2 pounds. in three months it will weigh only

1/2 ounce. After Labor is completed the uterus undergoes a sort of fatty degeneration, & in fact a new uterus is made.

Keep off "after pains" after the placenta and membranes have been removed, by the use of Ergot. If the after pains become once established employ Ergot which will at first increase the pains but ultimately by causing proper contraction it will relieve it. After that use an enema of some qt xi or ii. Visit the patient every day for 5 or 6 days after she has been delivered. Early on the morning of the 3rd. day use Castor Oil ℥ij in order to move her bowels which have been constipated

This anticipates the Milk fever. During this time I insist upon a strictly farinaceous diet. This should be continued for a week. After this she may have a little chicken soup. Nursing women should not eat acid fruits nor indeed any acids for it apt to produce colic in the baby. The Puerperal woman should not get up until after the 10th day.

To prevent the chapping of nipples direct the mother to wet the nipple with silver before it goes into the mouth of the baby. Goulard's Cerate on a little piece of lint makes a very good application to chapped nipple. Castor oil is very good for the same purpose. 2 teaspoonsfuls of gum tra, to which add 2 wineglasses

pint of warm water 2 spoonfuls of Brandy makes a very good wash for a sore nipple.

Mammary Abscess. Usually begins in the secreting part of the organ. Infrequently however it begins in the connective tissue of the part. Cold is a fruitful cause of Mammary abscess.

Treatment. To prevent mammary abscess "draw" the woman during the first puerperal week. If pain the baby must often nurse in order to keep the nipples moist and in order to keep the milk passages open. Warm oil makes a very soothing wash to an engorged breast. The nurse must empty the glands of the milk by sucking herself. Extract of Belladonna is very useful and will stop often the secretion of milk

℞ Ext. Bell
Syrup aa
M. S. smear the Gland with this twice a day.
A brisk saline purge should also be employed - and after that a dose of opium. If all this will not stop the abscess your whole treatment must be changed she must now eat about all she wants - this is in quantity - Beefsteak chicken soup. She must not have opium - morphia, alcohol Stimuli. After the abscess has opened Lumen & Opium should be used

Acute Idiopathic Inflammations sometimes also with suppuration of the Peuperal Female - These are always the independent of Puerperal fever. These inflammations begin a few days after delivery with

a chill. The milk will be scanty and the bowel discharges are also less than usually. If these inflammations are not rightly treated the woman is likely to die of internal abscess or gangrene. If the woman has a good deal of pain bleeding must be resorted to. This may be general or local and very free. After this we will use a mercurial purge. Castor oil or Jalap. A flaxseed poultice must be placed all over the abdomen. And then we must inculcate with Opium. A Blister, 4 or 5 inches square may be placed on the abdomen.

Puerperal Fever. Comes on as

an Adynamic fever. The lesions after death are various. Sometimes no lesion is found. Tonsilitis is often found as a lesion. This disease is supposed to be due to a variety of ~~poisons~~ poisons which enter the blood of the Puerperal fever. Erysipelas, Small Pox, Scarlet fever etc. are poisons capable of producing this disease. This disease is Contagious. After having made a post mortem wash your self all over - hair beard. change your clothes, & wash your hands in disinfectants, such as chloride of lime, before attending another woman. Symptoms. Comes on with a chill and a few days after delivery. This is followed by a fever. The disease

action of this fever differs with the particular organ affected. The mucous secretion & the bowel discharges are either limited or stopped. If Florinda is an attendant of this disease as it usually is, the abdomen will be unusually painful and the abdomen swells. The woman also has a sick stomach and she vomits much. Pulse weak and fluttering. The condition of the tongue is very rash. This is called Typhoid Pneumonia. Treatment. When we know there is acute inflammation of any organ we should bleed freely. Purging use of Calomel. Poultices of flaxseed over the abdomen

Cut the cord about 3 inches from the child and apply the ligature about ½ an inch from the end of the cord. Rub the skin all over with lard or a rag which will remove the sebaceous matter from the infant. First the mucus must be washed out. Then the baby must be put into a hot bath and washed - using blunt soap. Then place the Infant on the side to prevent the mucus from collecting in the larynx.

Cyanosis - Blue Disease - due to imperfection in either the heart or lung - or due to imperfect expansion of the lungs. Prof. Mays recommends that the child be placed upon the right side. This should be done. When the nurse cut the "Gum" is due to

the irritation of the garments. If the child has any fever connected with the "Gums" we may administer Castor Oil ℞. Freezing the surface is sometimes useful. Infants sometimes have Jaundice the first month of life, a ℞ of Castor Oil will usually relieve this. Enlargement of the Mammary Gland generally appears some four days after birth. Usually this affection does not call for treatment. We would use minute doses of Calomel and a little Bi Carbonate of Potassa. Sore eyes. Lunar Sulph. gr ½ in distilled water. Gonorrheal Opthalmia in infants must be treated actively. ℞ Argent Nit ~~gr xx~~ gr x
water ℞ ℥j

drops 2 or 3 drops into the eye every day or two. Cold in the head in Infants is properly treated by a flannel Skull cap, which must be worn day and night. We may also use Castor Oil ℞ as a purge. Apthae in Children may be treated by mixing equal parts of Borax and Sugar and wiping it in the mouth once a day. Vomiting Generally due to a greater quantity of food than should be allowed. We must then regulate the quantity of food taken. Diarrhoea should be treated with Castor Oil ℞. Followed by Nux Vom. Constipation should be treated with Castor Oil ℞. Fluid Ext of Senna gtt v is sometimes useful in Constipation.

pution.
The first stage of Labor may be considerably prolonged without it being as all serious to either mother or child. If the second stage be prolonged over 6 or 8 hours an child out of very few dies, it is also dangerous to the mother. Labor is sometimes induced tedious by Dropsy of the Amnion. Inadvertent rupture the Bag of Waters & allow the Liquor Amnii to escape and give Eryst.
Plethora is sometimes a cause of tedious Labor. Treatment. Bled. Sometimes we have a woman with a weak uterus. Treatment. Wait until the Os is dilated about as big as a

Silver dollar, then give Ergot.
Skimy emotions must be with held during the 2nd Stage of Labor. Ergot - (Lime of) Dose ℞ - contains about gr XV of the Ergot.

Version - Is of 2 Kinds - Version by the feet - version by the vertex or cephalic version - This operation must not be performed when the os uteri is neither dilated nor dilatable - It must not be performed when any part of the child has passed the Os - The Hand must be introduced in the absence of a pain and indeed every this must be done in the absence of a pain but the extraction -

The Bladder and Rectum should be emptied before the forceps

be employed. The Male blade must always be held in the left hand and always be introduced at the left side of the Pelvis;

Ammenorhoea. Lack of the Symptom of Menstruation. This may be caused by an absence of Ovarus, or a want of ovarian development. An imperforate Hymen may prevent Menstruation for a time. Ammenorhoea may be due to physical obstruction.

Emanci Mensium. Never having Menstruated. Treatment. If the organs are absent no treatment

can be effectual. Other wise Saline Purges. Bathing - Friction - Plain and Regulated diet. Horseback riding. The habit of regular menstrual flow should be encouraged. Friction - Bathing. Sunshine - Exercise - Etc. If we have to employ a laxative Castor Oil ℥j on going to Bed is the best one. If Cod liver oil be used it should be given two hours after meals.

Suppressio Menses - Causes Cold. Excitement. In Chlorosis Suppression the girl often has Hysteria in its various forms. Cutaneous Eruptions are also frequent. Treatment. Hot Hip baths 110 Fah.

Nutrat mixture. Opium if necessary. The preparation of Iron are among our most potent remedies for Dysmenorrhea. Aloes is also a strong Emmenagogue. Guiacum is very useful in Amenorrhoea. The oil of Sabin is an excellent emmenagogue. Black Hellebore Dr. Hodge prefers. ulously recommends.

Menorrhagia. "Profuse flux." Mode of life, temperament and climate affect the amount of flux. In this latitude Menstruation generally lasts from four to seven days. An ounce of blood is usually

lost every day. Causes of Menorrhagia may be either general or local. Anemia is a cause. Plethora. Cold. Sexual excitement. Treatment. In the menstrual or lumb. we must clean the cause. If anemia be the cause we must if possible improve the system. If Plethora be the cause we must put the patient on a restricted diet. Salin purges. Bathing. Exercise and Friction are useful in this disease. No matter what be the cause. Sometimes a blister over the Sacrum is useful. Pulsat. was

Elmer New Jersey

a purge, just before the expected flow is to take place. Astringent injection into the vagina. Alum may be employed. "Acetate of Lead used internally is one of our most useful remedies" The Tampon may be used as a last resort. Acid, Sulphurous Dr

left

Cold roast 3 1/2
Lem 3
Sup 3
water 4

Butter 8 1/2